

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 11, 2018

Ms. Tonia Trask, Manager
Wintergreen Residential Care - North
540 Town Farm Rd
Brandon, VT 05733

Dear Ms. Trask:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 11, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0619	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2016
NAME OF PROVIDER OR SUPPLIER WINTERGREEN RESIDENTIAL CARE - NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 540 TOWN FARM RD BRANDON, VT 05733		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensure survey was conducted by the Division of Licensing & Protection on 4/11/2016. The following deficiencies were identified as a result of the survey:	R100	What is the issue? Wintergreen North didn't have a physician admission statement on 3 residents who will be affected? The resident and Wintergreen will work out info on one resident. How we can correct it? Wintergreen made up a new list for the family to give to the physician. Asking for a physician admission statement. Current med list, brief history, diagnosis, problem list, Psychiatric diagnosis, this must be done before resident is admitted. Who will monitor? Manager will check resident's chart weekly to make sure we have everything we need. And sign off on a sign off sheet that they did it. Date completed! 8/26/16	
R112 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that residents are accompanied upon admission by a physician's statement, which includes: medical diagnosis, including psychiatric diagnosis if applicable, for three residents in a sample of three. Findings include: Per record review of the records of Residents #1, #2, and #3 there are no Physician Admission Statements found in the record. In an interview with the Facility owner and the Facility Manager on 4/11/16 at 2:25 PM it was confirmed that there were no Physician Admission Statements containing the above required information in the records.	R112		
R148 SS=E	V. RESIDENT CARE AND HOME SERVICES	R148	R112 POC accepted 5/31/18 M. Higgins EV/S. Perry, EV	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

W3WC11

If continuation sheet 1 of 6

Division of Licensing and Protection

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R148	Continued From page 1 5.9.c(5) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem; This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that all resident medications have either a supporting medical diagnosis or problem for 3 residents in a sample of 3. Findings include: Per record review of the records of Residents #1, #2, and #3 there is no current and comprehensive problem list that reflects a diagnosis or problem for each ordered medication. In an interview at 2:40 PM the facility owner confirmed that there were not current problem lists present in each record. In interview on 4/11/16 at 3:30 PM the Licensed Practical Nurse (LPN) confirmed that there was no list of current medications and associated diagnoses in the 3 records reviewed.	R148	<p>what is the issue?</p> <p>The facility failed to assure that all residents medications have either a supporting medical diagnosis or a problem for 3 residents.</p> <p>who will be affected?</p> <p>The resident and wintergreen because the staff is not sure what the meds are for with out a diagnosis.</p> <p>How to correct it?</p> <p>our RN has written all diagnosis on each resident and has faxed to wilcox to add to our med sheet's.</p> <p>How will we monitor it?</p> <p>RN or LPN will check med sheet's monthly and will add the diagnosis if not written in yet.</p> <p>Completed Date</p> <p>8/26/16</p>		
R164 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents	R164	<p>R148 POC accepted</p> <p>5/3/18 M. Higgins RN / S. Leung RN</p>		

Division of Licensing and Protection
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W3WC11

If continuation sheet 2 of 6

Division of Licensing and Protection

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R164	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to assure that the registered nurse (RN) delegated the responsibility for the administration of specific medications to designated staff for 3 designated residents in the review sample. Findings include: Per staff interview on 4/11/16 at 3:40 PM the facility Owner stated the facility RN has been working at the facility for approximately 6 months. Both the Owner and the Manager were unaware of the necessity of the new RN to re-delegate staff when s/he is hired. The owner confirmed that there are no records of the RN's delegation of staff available in the facility, other than a pre-existing list of delegated staff. The facility owner stated that s/he is unaware if there is other documentation available and if the RN did re-delegate the staff upon her arrival. The RN was unavailable and could not be reached by telephone during the time the surveyor was in the facility and no return call from the facility was received in the four days following survey.	R164	<u>What is the issue?</u> Facility's RN failed to delegate responsibility for administering medications to designated staff for 3 designated residents. <u>Who will be affected?</u> The facility, and the residents and new R.N. and staff. <u>How will you correct it?</u> RN will sign off on medication administration test. And employee will sign off on same sheet that they feel confident enough to pass medication. <u>How will you monitor it?</u> The R.N. or LPN will monitor this @ every monthly meeting to make sure every staff member has this in their chart, with a sign off sheet dated Completed Date 8/29/16 R164 POC accepted 5/3/18 M. Higgins RN/S, Bury RN	
R179 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:	R179		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINTERGREEN RESIDENTIAL CARE - NORTH

540 TOWN FARM RD
BRANDON, VT 05733

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R179 Continued From page 3

- (1) Resident rights;
- (2) Fire safety and emergency evacuation;
- (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;
- (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;
- (5) Respectful and effective interaction with residents;
- (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and
- (7) General supervision and care of residents.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview the facility failed to assure that direct care staff completed at least 12 hours of training which included the seven mandatory annual trainings for 4 of 5 randomly selected staff. Findings include:

Per record review of the 2015 Inservices for five (5) randomly selected direct care staff 4 of the 5 staff reviewed had completed only 6 of the 7 mandatory trainings. The trainings not completed were different for each staff member. In an interview at 1:15 PM the facility Owner and the Manager confirmed that there was no evidence that the staff had completed all the trainings stating "They must have forgotten to sign after completing the training."

R259 VII. NUTRITION AND FOOD SERVICES
SS=D

R179

What is the issue?
The facility failed to make sure every staff member completed the 12 hours of mandatory training that is required.

Who will be affected?
The home and the resident's because the staff will not have enough training to care for the resident's.

How can you correct it?
Notes are taken during every meeting. The aides that can't make it will read ~~as~~ the notes a test will be given on the notes. 10 questions and they need to get a 80 and above.

How will it be monitor?
our Nurse will write on tracking sheet who doesn't come and how the test was.

Completed Date 8/29/16 R179 PIC accepted 5/3/18 M. Higgins R

S. Ruyter

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R259	Continued From page 4 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to assure that poisonous compounds (such as cleaning products) are not be stored in the food and food equipment storage area unless they are stored in a separate, locked compartment within the food storage area. Findings include: Per observation of the food and cooking pan storage area there is also a washer and dryer in the room as well as a utility sink and cleaning instruments (broom, mops, bucket). Additionally, there are cleaning solutions noted on the back of the utility sink, directly adjacent to the shelves holding clean cooking pots. There are cleaning solutions on the bottom shelf of the same shelves. There are also shelves on the other side of the room near the washer and dryer containing stored canned and dry food items. In an interview on 4/11/16 the facility Manager and the facility Owner stated that the storage room was as noted and that a plastic curtain used to protect the food shelving had fallen down recently and had not been replaced.	R259	<p>What's <u>is the issue?</u> Dishes in the Pantry with Can foods and Laundry Soap.</p> <p>who <u>will be affected?</u> The resident could be if any dirt or soap should touch the dishes.</p> <p>How <u>can you correct it?</u> We removed all the dishes and put them back in kitchen cabinets. only canned + boxed foods are in the pantry and soaps in locked closet. Curtain across the canned and boxed food.</p> <p>who <u>will monitor it?</u> managers will do a weekly check off list stating that No dishes or soaps are in the pantry.</p> <p>Completed Date 8/29/16 R259 POC accepted 5/3/16 m. Higgins ev/s, Remy RW</p>	
R302 SS=D	IX. PHYSICAL PLANT	R302		

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W3WC11

If continuation sheet 5 of 6

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R302	Continued From page 5 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that fire drills are conducted on at least a quarterly basis. Findings include: Per record review the facility failed to assure that fire drills were conducted on a quarterly basis for the year 2015 which was the year reviewed. In the review there were fire drills in the first three quarters of 2015. The last drill in 2015 was conducted in September and there were no drills for the last quarter (3 months) of 2015. In an interview on 4/11/16 at 10:55 am the Facility Manager confirmed that no fire drills were conducted in the last quarter of 2015.	R302	<p><u>What is the issue?</u> Failed to have a written copy of a plan for protection of all persons in the event of a fire for evacuations.</p> <p><u>Who is affected?</u> The residents and the staff if no one knows what to do or where to go.</p> <p><u>How can we correct it?</u> We have a plan of evacuation hung up for all staff to read at any time. Fire drills are posted to be done quarterly in middle of shift 2 times a year.</p> <p><u>How is this going to be monitored?</u> Manager's will keep track of our fire drill list and make sure they get done quarterly.</p> <p>Completed Date 8/29/16</p> <p>R302 POC accepted 5/18/16 M. Higgins S. King</p>		

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W3WC11

If continuation sheet 6 of 6